

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29299

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY OR TOWN <b>Jefferson City</b>	c. LENGTH OF STAY (in this place) <b>seven hrs</b>	c. CITY OR TOWN <b>Jefferson City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Missouri State Highway Department Capitol &amp; Jefferson</b>		e. STREET ADDRESS (If rural, give location) <b>206 Pine Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>AUGUSTA</b> c. (Last) <b>LAFSER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20 1955</b>		
--	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 30 1882</b>	9. AGE (In years last birthday) Months <b>73</b>	IF UNDER 1 YEAR Days <b>-</b>	IF UNDER 24 HRS. Hours Min. <b>- -</b>
-------------------------	----------------------------------	--	--	---	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <b>Emil Menti</b>		13b. MOTHER'S MAIDEN NAME <b>Nina Brill</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Lafser (Deceased)</b>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-36-8478</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr Leon Lake</b>		ADDRESS <b>Jefferson City, Missouri</b>	
---	--	---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>				INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **June 19 1955** to **Sept 19 1955** that I last saw the deceased alive on **Sept 20 1955**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Leon Lake</b>		(Degree or title)		23b. ADDRESS <b>206 E. High Jefferson City Mo</b>		23c. DATE SIGNED <b>9-20-55</b>	
------------------------------------	--	-------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>		24b. DATE <b>Sept 23 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
--	--	----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>20 Sept 1955</b>		REGISTRAR'S SIGNATURE <b>R.P. Norris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tanner Funeral Home</b>		ADDRESS <b>Java.</b>	
---	--	---	--	--	--	-------------------------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 28 1963

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Donald P. Freeman*.....

Licensed Embalmer No. *40*.....

P. O. Address *Jim*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.